



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
TRANSMITTAL LETTER DEN-66  
May 2004

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director  
**RE:** *Dental Manual (2004 HCPCS)* BW

The federal government has revised the HCFA Common Procedure Coding System (HCPCS) for MassHealth billing.

This letter transmits changes to your provider manual that contain the new and revised codes. The revised Appendix E is effective for dates of service on or after April 30, 2004.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has regulations available on disk. The regulation title is 114.3 CMR 16.00: Surgery and Related Anesthesia Care.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

### **MassHealth Web Site**

This transmittal letter and attached pages are available on MassHealth's Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

If you have any questions about this transmittal letter, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Dental Manual

Pages E-1 through E-30

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Dental Manual

Pages E-1 through E-30 — transmitted by Transmittal Letter DEN-63

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  DENTAL MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX E: ORAL SURGERY SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> E-1
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The **all-numeric** service codes that are listed in this appendix may be used when providing services to members in all categories of assistance, including category 4 (EAEDC), and may only be used by oral and maxillofacial surgeons who have submitted proof of certification to MassHealth. **The alphanumeric codes in Sections 621, 622, and 623** may not be used for services provided to category 4 members, with the exception of Service Code D7999.

## 620 Service Codes and Descriptions: Medical Services

Service

Code      Service Description

### **OFFICE OR OTHER OUTPATIENT SERVICES**

#### **New Patient**

- 99202      Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components (does not include dentoalveolar diagnosis):
- an expanded problem-focused history;
  - an expanded problem-focused examination; and
  - straightforward medical decision making

#### **Established Patient**

- 99212      Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (does not include dentoalveolar diagnosis):
- a problem-focused history;
  - a problem-focused examination; and
  - straightforward medical decision making

### **INITIAL HOSPITAL CARE**

#### **New or Established Patient**

- 99221      Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a detailed or comprehensive history;
  - a detailed or comprehensive examination; and
  - medical decision making that is straightforward or of low complexity
- 99222      Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of moderate complexity
- 99223      Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of high complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code      Service Description

**SUBSEQUENT HOSPITAL CARE**

- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a problem-focused interval history;
  - a problem-focused examination;
  - medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- an expanded problem-focused interval history;
  - an expanded problem-focused examination;
  - medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a detailed interval history;
  - a detailed examination;
  - medical decision making of high complexity

**INITIAL INPATIENT CONSULTATIONS**

**New or Established Patient**

- 99251 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a problem-focused history;
  - a problem-focused examination; and
  - straightforward medical decision making
- 99252 Initial inpatient consultation for a new or established patient, which requires these three key components:
- an expanded problem-focused history;
  - an expanded problem-focused examination; and
  - straightforward medical decision making
- 99253 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a detailed history;
  - a detailed examination; and
  - medical decision making of low complexity
- 99254 Initial inpatient consultation for a new or established patient, which requires three key components:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code      Service Description

- 99255      Initial inpatient consultation for a new or established patient, which requires these three key components:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of high complexity

**FOLLOW-UP INPATIENT CONSULTATIONS**

**Established Patient**

- 99261      Follow-up inpatient consultation for an established patient, which requires at least two of these three key components:
- a problem-focused interval history;
  - a problem-focused examination;
  - medical decision making that is straightforward or of low complexity

**EMERGENCY DEPARTMENT SERVICES**

**New or Established Patient**

- 99281      Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a problem-focused history;
  - a problem-focused examination; and
  - straightforward medical decision making
- 99282      Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
  - an expanded problem-focused examination; and
  - medical decision making of low complexity
- 99283      Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
  - an expanded problem-focused examination; and
  - medical decision making of moderate complexity
- 99284      Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a detailed history;
  - a detailed examination; and
  - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code      Service Description

- 99285      Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of high complexity

621 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code      Service Description

**Periapical Services**

- D3410      Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (P.A.)  
D3421      Apicoectomy/periradicular surgery—bicuspid (first root) (P.A.)  
D3426      Apicoectomy/periradicular surgery (each additional root) (P.A.)

622 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service

Code      Service Description

**Extractions** (including local anesthesia, suture removal, and routine postoperative care)

- D7110      Extraction—single tooth  
D7120      Extraction—each additional tooth  
D7210      Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth  
D7220      Removal of impacted tooth—soft tissue (P.A.)  
D7230      Removal of impacted tooth—partially bony (P.A.)  
D7240      Removal of impacted tooth—completely bony (P.A.)

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623 Service Codes and Descriptions: Oral and Maxillofacial Surgical Services

Service

Code      Service Description

**Introduction**

- D7280      Surgical access of an unerupted tooth (including orthodontic attachments) (P.A.)  
D7281      Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes) (P.A.)

**Surgical Procedures**

- D7310      Alveoplasty in conjunction with extractions—per quadrant  
D7320      Alveoplasty not in conjunction with extractions—per quadrant  
D7340      Vestibuloplasty—ridge extension (second epithelialization) (P.A.)  
D7350      Vestibuloplasty—ridge extension (including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue) (P.A.)  
D7430      Excision of benign tumor—lesion diameter up to 1.25 cm  
D7431           lesion diameter greater than 1.25 cm  
D7450      Removal of benign odontogenic cyst or tumor—lesion diameter up to 1.25 cm  
D7451           lesion diameter greater than 1.25 cm  
D7460      Removal of benign nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm  
D7461           lesion diameter greater than 1.25 cm  
D7471      Removal of lateral exostosis (maxilla or mandible) (P.A.)  
D7960      Frenulectomy (frenectomy or frenotomy)—separate procedure  
D7970      Excision of hyperplastic tissue—per arch (P.A.)  
D7999      Unspecified oral surgery procedure, by report (P.A.) (I.C.)  
D9930      Treatment of complications (postsurgical)—unusual circumstances, by report (I.C.)

**Unclassified Treatment**

- D9110      Palliative (emergency) treatment of dental pain—minor procedure  
D9999      Unspecified adjunctive procedure, by report (P.A.) (I.C.)

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624 Service Codes and Descriptions: Surgical Services

See 130 CMR 420.451 for limitations.

Service

Code      Service Description

**INTEGUMENTARY SYSTEM**

**SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES**

**Incision and Drainage**

- 10060 Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061      complicated or multiple
- 10120 Incision and removal of foreign body, subcutaneous tissues; simple
- 10121      complicated
- 10140 Incision and drainage of hematoma, seroma, or fluid collection
- 10160 Puncture aspiration of abscess, hematoma, bulla, or cyst
- 10180 Incision and drainage, complex, postoperative wound infection

**Excision—Debridement**

- 11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
- 11011      skin, subcutaneous tissue, muscle fascia, and muscle
- 11012      skin, subcutaneous tissue, muscle fascia, muscle, and bone
- 11040 Debridement; skin, partial thickness
- 11041      skin, full thickness
- 11042      skin and subcutaneous tissue
- 11043      skin, subcutaneous tissue, and muscle
- 11044      skin, subcutaneous tissue, muscle, and bone

**Biopsy**

- 11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
- 11101      each separate/additional lesion (List separately in addition to code for primary procedure.)



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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Shaving of Epidermal or Dermal Lesions**

- 11310      Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
- 11311      lesion diameter 0.6 to 1.0 cm
- 11312      lesion diameter 1.1 to 2.0 cm
- 11313      lesion diameter over 2.0 cm

**Excision—Benign Lesions**

- 11440      Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441      excised diameter 0.6 to 1.0 cm
- 11442      excised diameter 1.1 to 2.0 cm
- 11443      excised diameter 2.1 to 3.0 cm
- 11444      excised diameter 3.1 to 4.0 cm
- 11446      excised diameter over 4.0 cm

**Excision—Malignant Lesions**

- 11640      Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
- 11641      excised diameter 0.6 to 1.0 cm
- 11642      excised diameter 1.1 to 2.0 cm
- 11643      excised diameter 2.1 to 3.0 cm
- 11644      excised diameter 3.1 to 4.0 cm
- 11646      excised diameter over 4.0 cm

**MISCELLANEOUS**

**Introduction**

- 11960      Insertion of tissue expander(s) for other than breast, including subsequent expansion
- 11970      Replacement of tissue expander with permanent prosthesis
- 11971      Removal of tissue expander(s) without insertion of prosthesis

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**REPAIR (CLOSURE)**

**Repair—Simple**

12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less
12013	2.6 cm to 5.0 cm
12014	5.1 cm to 7.5 cm
12015	7.6 cm to 12.5 cm
12016	12.6 cm to 20.0 cm
12017	20.1 cm to 30.0 cm
12018	over 30.0 cm
12020	Treatment of superficial wound dehiscence; simple closure
12021	with packing

**Repair—Intermediate**

12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less
12052	2.6 cm to 5.0 cm
12053	5.1 cm to 7.5 cm
12054	7.6 cm to 12.5 cm
12055	12.6 cm to 20.0 cm
12056	20.1 cm to 30.0 cm
12057	over 30.0 cm

**Repair—Complex**

13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.1 cm to 2.5 cm
13132	2.6 cm to 7.5 cm
13133	each additional 5 cm or less (List separately in addition to code for primary procedure.)
13150	Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less
13151	1.1 cm to 2.5 cm
13152	2.6 cm to 7.5 cm
13153	each additional 5 cm or less (List separately in addition to code for primary procedure.)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Adjacent Tissue Transfer or Rearrangement**

- 14040      Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10 sq cm or less
- 14041      defect 10.1 sq cm to 30.0 sq cm
- 14060      Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
- 14061      defect 10.1 sq cm to 30.0 sq cm

**Free Skin Grafts**

- 15000      Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
- 15120      Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15121      each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure.)
- 15240      Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15241      each additional 20 sq cm (List separately in addition to code for primary procedure.)
- 15260      Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15261      each additional 20 sq cm (List separately in addition to code for primary procedure.)

**Flaps (Skin and/or Deep Tissues)**

- 15570      Formation of direct or tubed pedicle, with or without transfer; trunk
- 15572      scalp, arms, or legs
- 15574      forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet
- 15576      eyelids, nose, ears, lips, or intraoral
- 15620      Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
- 15630      at eyelids, nose, ears, or lips
- 15732      Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Other Flaps and Grafts**

15770      Graft; derma-fat-fascia

**Other Procedures**

15819      Cervicoplasty  
15820      Blepharoplasty, lower eyelid (P.A.)  
15821          with extensive herniated fat pad (P.A.)  
15822      Blepharoplasty, upper eyelid; (P.A.)  
15823          with excessive skin weighting down lid (P.A.)  
15840      Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)  
15841          free muscle graft (including obtaining graft)  
15842          free muscle flap by microsurgical technique  
15845          regional muscle transfer

**Burns, Local Treatment**

16000      Initial treatment, first degree burn, when no more than local treatment is required

**DESTRUCTION**

**Destruction, Benign or Premalignant Lesions**

17000      Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),  
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous  
vascular proliferative lesions; first lesion  
17003          second through 14 lesions, each (List separately in addition to code for first lesion.)  
17004      Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),  
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous  
vascular proliferative lesions; 15 or more lesions  
17106      Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Destruction, Malignant Lesions, Any Method**

- |       |  |
|-------|--|
| 17280 | Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| 17281 | lesion diameter 0.6 to 1.0 cm  |
| 17282 | lesion diameter 1.1 to 2.0 cm  |
| 17283 | lesion diameter 2.1 to 3.0 cm  |
| 17284 | lesion diameter 3.1 to 4.0 cm  |
| 17286 | lesion diameter over 4.0 cm  |

**Other Procedures**

- |       |   |
|-------|---|
| 17999 | Unlisted procedure, skin, mucous membrane, and subcutaneous tissue (I.C.) |
|-------|---|

**MUSCULOSKELETAL SYSTEM**

**GENERAL**

**Incision**

- |       |   |
|-------|---|
| 20000 | Incision of soft tissue abscess (e.g., secondary to osteomyelitis); superficial |
| 20005 | deep or complicated   |

**Excision**

- |       |  |
|-------|--|
| 20200 | Biopsy, muscle; superficial  |
| 20205 | deep   |
| 20206 | Biopsy, muscle, percutaneous needle  |
| 20220 | Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)         |
| 20240 | Biopsy, bone, open; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur) |
| 20245 | deep (e.g., humerus, ischium, femur)   |

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Introduction or Removal**

20520	Removal of foreign body in muscle or tendon sheath; simple
20525	deep or complicated
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa)
20615	Aspiration and injection for treatment of bone cyst
20670	Removal of implant; superficial (e.g., buried wire, pin, or rod) (separate procedure)
20680	deep (e.g., buried wire, pin, screw, metal band, nail, rod, or plate)
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)
20693	Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	Removal, under anesthesia, of external fixation system

**Grafts (or Implants)**

20900	Bone graft, any donor area; minor or small (e.g., dowel or button)
20902	major or large
20910	Cartilage graft; costochondral
20912	nasal septum
20920	Fascia lata graft; by stripper
20922	by incision and area exposure, complex or sheet
20924	Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris)
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)

**Other Procedures**

20955	Bone graft with microvascular anastomosis; fibula
20956	iliac crest
20962	other than fibula, iliac crest, or metatarsal
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	iliac crest
20999	Unlisted procedure, musculoskeletal system, general (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**HEAD**

**Incision**

21010      Arthrotomy, temporomandibular joint

**Excision**

21015      Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp  
21025      Excision of bone (e.g., for osteomyelitis or bone abscess); mandible  
21026          facial bone(s)  
21029      Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)  
21030      Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage  
21031      Excision of torus mandibularis  
21032      Excision of maxillary torus palatinus  
21034      Excision of malignant tumor of maxilla or zygoma  
21040      Excision of benign tumor or cyst of mandible; by enucleation and/or curettage  
21044      Excision of malignant tumor of mandible  
21045          radical resection  
21046      Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))  
21047          requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s))  
21048      Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))  
21049          requiring extra-oral osteotomy and partial maxillectomy (e.g., locally aggressive or destructive lesion(s))  
21050      Condylectomy, temporomandibular joint (separate procedure)  
21060      Meniscectomy, partial or complete, temporomandibular joint (separate procedure)  
21070      Coronoidectomy (separate procedure)

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Service

Code      Service Description

**Introduction or Removal**

21076	Impression and custom preparation; surgical obturator prosthesis (P.A.)
21077	orbital prosthesis (P.A.)
21079	interim obturator prosthesis (P.A.)
21080	definitive obturator prosthesis (P.A.)
21081	mandibular resection prosthesis (P.A.)
21082	palatal augmentation prosthesis (P.A.)
21083	palatal lift prosthesis (P.A.)
21084	speech aid prosthesis (P.A.)
21085	oral surgical splint (P.A.)
21086	auricular prosthesis (P.A.)
21087	nasal prosthesis (P.A.)
21088	facial prosthesis (P.A.) (I.C.)
21089	Unlisted maxillofacial prosthetic procedure (P.A.) (I.C.)
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	Injection procedure for temporomandibular joint arthrography

**Repair, Revision, and/or Reconstruction**

21137	Reduction forehead; contouring only (P.A.)
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft) (P.A.)
21139	contouring and setback of anterior frontal sinus wall (P.A.)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft (P.A.)
21142	two pieces, segment movement in any direction, without bone graft
21143	three or more pieces, segment movement in any direction, without bone graft
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (P.A.)
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft) (P.A.)
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) (P.A.)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome) (P.A.)
21151	any direction, requiring bone grafts (includes obtaining autografts) (P.A.)



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21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21155	with LeFort I (P.A.)
21159	Reconstruction midface, LeFort III (extra- and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21160	with LeFort I (P.A.)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) (P.A.)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) (P.A.)
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial (P.A.)
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm (P.A.)
21183	total area of bone grafting greater than 40 sq cm but less than 80 sq cm (P.A.)
21184	total area of bone grafting greater than 80 sq cm (P.A.)
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) (P.A.)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft (P.A.)
21194	with bone graft (includes obtaining graft) (P.A.)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation (P.A.)
21196	with internal rigid fixation (P.A.)
21198	Osteotomy, mandible, segmental (P.A.)
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) (P.A.)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) (P.A.)
21209	reduction (P.A.)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) (P.A.)
21215	mandible (includes obtaining graft) (P.A.)
21230	Graft; rib cartilage, autogenous, to face, chin, nose, or ear (includes obtaining graft) (P.A.)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft) (P.A.)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) (P.A.)
21242	Arthroplasty, temporomandibular joint, with allograft (P.A.)
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement (P.A.)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) (P.A.)

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Code      Service Description

- 21247      Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia) (P.A.)
- 21255      Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) (P.A.)
- 21260      Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach (P.A.)
- 21261      combined intra- and extracranial approach (P.A.)
- 21263      with forehead advancement (P.A.)
- 21267      Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach (P.A.)
- 21268      combined intra- and extracranial approach (P.A.)
- 21270      Malar augmentation, prosthetic material (P.A.)
- 21275      Secondary revision of orbitocraniofacial reconstruction (P.A.)
- 21280      Medial canthopexy (separate procedure) (P.A.)
- 21282      Lateral canthopexy (P.A.)
- 21295      Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach (P.A.)
- 21296      intraoral approach (P.A.)

**Other Procedures**

- 21299      Unlisted craniofacial and maxillofacial procedure (P.A.) (I.C.)

**Fracture and/or Dislocation**

- 21300      Closed treatment of skull fracture without operation
- 21310      Closed treatment of nasal bone fracture without manipulation
- 21315      Closed treatment of nasal bone fracture; without stabilization
- 21320      with stabilization
- 21325      Open treatment of nasal fracture; uncomplicated
- 21330      complicated, with internal and/or external skeletal fixation
- 21335      with concomitant open treatment of fractured septum
- 21336      Open treatment of nasal septal fracture, with or without stabilization
- 21337      Closed treatment of nasal septal fracture, with or without stabilization
- 21338      Open treatment of nasoethmoid fracture; without external fixation
- 21339      with external fixation
- 21340      Percutaneous treatment of nasoethmoid complex fracture, with splint, wire, or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gilles approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint

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21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21493	Closed treatment of hyoid fracture; without manipulation
21494	with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture

**Other Procedures**

21499	Unlisted musculoskeletal procedure, head (I.C.)
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**ARTHROSCOPY**

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) (P.A.)
29804	Arthroscopy, temporomandibular joint, surgical (P.A.)
29999	Unlisted procedure, arthroscopy (I.C.)

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Service

Code      Service Description

**RESPIRATORY SYSTEM**

**NOSE**

**Excision**

- 30130      Excision turbinate, partial or complete, any method
- 30140      Submucous resection turbinate, partial or complete, any method

**Repair**

- 30520      Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
- 30580      Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
- 30600      oronasal

**Other Procedures**

- 30901      Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
- 30903      Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
- 30905      Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
- 30906           subsequent
- 30999      Unlisted procedure, nose (I.C.)

**ACCESSORY SINUSES**

**Incision**

- 31000      Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
- 31020      Sinusotomy, maxillary (antrotomy); intranasal
- 31030           radical (Caldwell-Luc) without removal of antrochoanal polyps
- 31032           radical (Caldwell-Luc) with removal of antrochoanal polyps

**Excision**

- 31225      Maxillectomy; without orbital exenteration

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Service

Code      Service Description

**Endoscopy**

- 31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy
- 31267      with removal of tissue from maxillary sinus
- 31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
- 31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
- 31293      with medial orbital wall and inferior orbital wall decompression
- 31294      with optic nerve decompression

**Other Procedures**

- 31299 Unlisted procedure, accessory sinuses (I.C.)

**LARYNX**

**Introduction**

- 31500 Intubation, endotracheal, emergency procedure
- 31502 Tracheotomy tube change prior to establishment of fistula tract

**TRACHEA AND BRONCHI**

**Incision**

- 31600 Tracheostomy, planned (separate procedure)
- 31603 Tracheostomy, emergency procedure; transtracheal
- 31605      cricothyroid membrane

**HEMIC AND LYMPHATIC SYSTEMS**

**LYMPH NODES AND LYMPHATIC CHANNELS**

**Excision**

- 38500 Biopsy or excision of lymph node(s); open, superficial
- 38505      by needle, superficial (e.g., cervical, inguinal, axillary)
- 38510      open, deep cervical node(s)

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Code      Service Description

**DIGESTIVE SYSTEM**

**LIPS**

**Excision**

- 40490 Biopsy of lip
- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 40510 Excision of lip; transverse wedge excision with primary closure
- 40520     V-excision with primary direct linear closure
- 40525     full thickness, reconstruction with local flap (e.g., Estlander or fan)
- 40527     full thickness, reconstruction with cross lip flap (Abbe-Estlander)
- 40530 Resection of lip, more than one-fourth, without reconstruction

**Repair (Cheiloplasty)**

- 40650 Repair lip, full thickness; vermilion only
- 40652     up to half vertical height
- 40654     over one-half vertical height, or complex
- 40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
- 40701     primary bilateral, one stage procedure
- 40702     primary bilateral, one of two stages
- 40720     secondary, by recreation of defect and reclosure
- 40761     with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle

**Other Procedures**

- 40799 Unlisted procedure, lips (I.C.)

**VESTIBULE OF MOUTH**

**Incision**

- 40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
- 40801     complicated
- 40804 Removal of embedded foreign body, vestibule of mouth; simple
- 40805     complicated
- 40806 Incision of labial frenum (frenotomy)

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**Excision, Destruction**

40808      Biopsy, vestibule of mouth  
40810      Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair  
40812          with simple repair  
40814          with complex repair  
40816          complex, with excision of underlying muscle  
40818      Excision of mucosa of vestibule of mouth as donor graft  
40819      Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)  
40820      Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)

**Repair**

40830      Closure of laceration, vestibule of mouth; 2.5 cm or less  
40831          over 2.5 cm or complex  
40840      Vestibuloplasty; anterior (P.A.)  
40842          posterior, unilateral (P.A.)  
40843          posterior, bilateral (P.A.)  
40844          entire arch (P.A.)  
40845          complex (including ridge extension, muscle repositioning) (P.A.)

**Other Procedures**

40899      Unlisted procedure, vestibule of mouth (I.C.)

**TONGUE AND FLOOR OF MOUTH**

**Incision**

41000      Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual  
41005          sublingual, superficial  
41006          sublingual, deep, supramylohyoid  
41007          submental space  
41008          submandibular space  
41009          masticator space  
41010      Incision of ligual frenum (frenotomy)



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41015      Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual  
41016          submental  
41017          submandibular  
41018          masticator space

**Excision**

41100      Biopsy of tongue; anterior two-thirds  
41105          posterior one-third  
41108      Biopsy of floor of mouth  
41110      Excision of lesion of tongue without closure  
41112      Excision of lesion of tongue with closure; anterior two-thirds  
41113          posterior one-third  
41114          with local tongue flap  
41115      Excision of lingual frenum (frenectomy)  
41116      Excision, lesion of floor of mouth  
41120      Glossectomy; less than one-half tongue  
41130          hemiglossectomy  
41135          partial, with unilateral radical neck dissection  
41140          complete or total, with or without tracheostomy, without radical neck dissection  
41145          complete or total, with or without tracheostomy, with unilateral radical neck dissection  
41150          composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection  
41153          composite procedure with resection floor of mouth, with suprahyoid neck dissection  
41155          composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

**Repair**

41250      Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue  
41251          posterior one-third of tongue  
41252      Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

**Other Procedures**

41500      Fixation of tongue, mechanical, other than suture (e.g., K-wire)  
41510      Suture of tongue to lip for micrognathia (Douglas type procedure)  
41520      Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)  
41599      Unlisted procedure, tongue, floor of mouth (I.C.)

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**DENTOALVEOLAR STRUCTURES**

**Incision**

- 41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
- 41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues
- 41806      bone

**Excision, Destruction**

- 41820 Gingivectomy, excision gingiva, each quadrant (P.A.) (I.C.)
- 41821 Operculectomy, excision pericoronal tissues
- 41822 Excision of fibrous tuberosities, dentoalveolar structures
- 41823 Excision of osseous tuberosities, dentoalveolar structures
- 41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
- 41826      with simple repair
- 41827      with complex repair
- 41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)
- 41830 Alveolectomy, including curettage of osteitis or sequestrectomy
- 41850 Destruction of lesion (except excision), dentoalveolar structures (I.C.)

**Other Procedures**

- 41874 Alveoloplasty, each quadrant (specify)
- 41899 Unlisted procedure, dentoalveolar structures (I.C.)

**PALATE AND UVULA**

**Incision**

- 42000 Drainage of abscess of palate, uvula

**Excision, Destruction**

- 42100 Biopsy of palate, uvula
- 42104 Excision, lesion of palate, uvula; without closure
- 42106      with simple primary closure
- 42107      with local flap closure

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42120      Resection of palate or extensive resection of lesion  
42140      Uvulectomy, excision of uvula (P.A.)  
42145      Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)  
42160      Destruction of lesion, palate or uvula (thermal, cryo, or chemical)

**Repair**

42180      Repair, laceration of palate; up to 2 cm  
42182          over 2 cm or complex  
42200      Palatoplasty for cleft palate, soft and/or hard palate only  
42205      Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only  
42210          with bone graft to alveolar ridge (includes obtaining graft)  
42215      Palatoplasty for cleft palate; major revision  
42220          secondary lengthening procedure  
42225          attachment pharyngeal flap  
42226      Lengthening of palate, and pharyngeal flap  
42227      Lengthening of palate, with island flap  
42235      Repair of anterior palate, including vomer flap  
42260      Repair of nasolabial fistula  
42280      Maxillary impression for palatal prosthesis (P.A.)  
42281      Insertion of pin-retained palatal prosthesis (P.A.)

**Other Procedures**

42299      Unlisted procedure, palate, uvula (I.C.)

**SALIVARY GLAND AND DUCTS**

**Incision**

42300      Drainage of abscess; parotid, simple  
42305          parotid, complicated  
42310      Drainage of abscess; submaxillary or sublingual, intraoral  
42320          submaxillary, external  
42325      Fistulization of sublingual salivary cyst (ranula)  
42326          with prosthesis  
42330      Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral  
42335          submandibular (submaxillary), complicated, intraoral  
42340          parotid, extraoral or complicated intraoral

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Service

Code      Service Description

**Excision**

42400 Biopsy of salivary gland; needle  
42405      incisional  
42408 Excision of sublingual salivary cyst (ranula)  
42409 Marsupialization of sublingual salivary cyst (ranula)  
42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection  
42415      lateral lobe, with dissection and preservation of facial nerve  
42420      total, with dissection and preservation of facial nerve  
42425      total, en bloc removal with sacrifice of facial nerve  
42440 Excision of submandibular (submaxillary) gland  
42450 Excision of sublingual gland

**Repair**

42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple  
42505      secondary or complicated  
42507 Parotid duct diversion, bilateral (Wilke type procedure);  
42508      with excision of one submandibular gland  
42509      with excision of both submandibular glands  
42510      with ligation of both submandibular (Wharton's) ducts

**Other Procedures**

42550 Injection procedure for sialography  
42600 Closure salivary fistula  
42650 Dilation salivary duct  
42660 Dilation and catheterization of salivary duct, with or without injection  
42665 Ligation salivary duct, intraoral  
42699 Unlisted procedure, salivary glands or ducts (I.C.)

**PHARYNX, ADENOIDS, AND TONSILS**

**Incision**

42700 Incision and drainage abscess; peritonsillar  
42720      retropharyngeal or parapharyngeal, intraoral approach  
42725      retropharyngeal or parapharyngeal, external approach

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Excision, Destruction**

42800	Biopsy; oropharynx
42802	hypopharynx
42804	nasopharynx, visible lesion, simple
42806	nasopharynx, survey for unknown primary lesion
42808	Excision or destruction of lesion of pharynx, any method
42809	Removal of foreign body from pharynx
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	closure with local flap (e.g., tongue, buccal)
42845	closure with other flap
42860	Excision of tonsil tags
42870	Excision or destruction lingual tonsil, any method (separate procedure)

**Repair**

42900	Suture pharynx for wound or injury
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**Other Procedures**

42960	Control oropharyngeal hemorrhage, primary or secondary (e.g., post-tonsillectomy); simple
42961	complicated, requiring hospitalization
42962	with secondary surgical intervention
42970	Control of nasopharyngeal hemorrhage, primary or secondary (e.g., post-adenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971	complicated, requiring hospitalization
42972	with secondary surgical intervention
42999	Unlisted procedure, pharynx, adenoids, or tonsils (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

## **NERVOUS SYSTEM**

### **EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM**

#### **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic and Therapeutic**

##### **Somatic Nerves**

64400      Injection, anesthetic agent; trigeminal nerve, any division or branch

#### **Destruction by Neurolytic Agent (e.g., Chemical, Thermal, Electrical, Radiofrequency, or Chemodenervation)**

##### **Somatic Nerves**

64600      Destruction by neurolytic agent, trigeminal nerve, supraorbital, infraorbital, mental, or inferior alveolar branch

#### **Neuroplasty (Exploration, Neurolysis or Nerve Decompression)**

64722      Decompression, unspecified nerve(s) (specify)

64727      Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty.) (Neuroplasty includes external neurolysis.)

#### **Transection or Avulsion**

64732      Transection or avulsion of; supraorbital nerve

64734           infraorbital nerve

64736           mental nerve

64738           inferior alveolar nerve by osteotomy

64740           lingual nerve

#### **Neurorrhaphy**

64864      Suture of facial nerve; extracranial

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code      Service Description

**Neurorrhaphy with Nerve Graft**

64885      Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length

**Other Procedures**

64999      Unlisted procedure, nervous system (I.C.)

**OPERATING MICROSCOPE**

69990      Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure.)

625 Service Codes and Descriptions: Radiology Services

The following service codes are reimbursable only when performed in an office location.

**DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)**

**HEAD AND NECK**

70100      Radiologic examination, mandible; partial, less than four views  
70110          complete, minimum of four views  
70140      Radiologic examination, facial bones; less than three views  
70150          complete, minimum of three views  
70160      Radiologic examination, nasal bones, complete, minimum of three views  
70210      Radiologic examination, sinuses, paranasal, less than three views  
70220      Radiologic examination, sinuses, paranasal, complete, minimum of three views  
70240      Radiologic examination, sella turcica  
70328      Radiologic examination, temporomandibular joint, open and closed mouth; unilateral  
70330          bilateral  
70360      Radiologic examination; neck, soft tissue  
70380      Radiologic examination, salivary gland for calculus

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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